

Item #	AZForms Produced (400-00-1006)
1	AZ 140
2	AZ 8453
3	AZ Worksheet (Line 27) (Not Transmitted)
4	AZ Worksheet (Line 35) (Not Transmitted)

Item #	Changes to Federal Pats Test
1	Federal TP SSN to 400-00-7506
2	City from Pig Town to Mesa
3	State from MD to AZ
4	Zip Code from 21230 to 85201
5	County from null to Maricopa
6	Daytime Phone from null to 480-349-5542
7	Current Dependent information SSN 400-55-3006 to 400-55-7578
8	Taxpayer: Blind
9	Current 1099R #1 Payer's Addr = City, State, & Zip same as mailing address Recipient's = City, State, & Zip same as mailing address Box 11 = From MD to AZ
10	Current 1099R #2 Payer's Addr = Arizona State Retirement; 1000 Savings Ave; Mesa, AZ 85201 Recipient's = City, State, & Zip same as mailing address Box 11 = From MD to AZ
11	AZ 140 Political Gift \$10 (Republican)

Or fiscal year beginning 2004 and ending

2005.

66

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

1 TEST P BARRELL

400-00-7506

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

1

PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE

APT. NO.

DAYTIME PHONE: 480-349-5542

89 X

2 25000 HAM AND BACON JUNCTION

94 HOME PHONE:

CITY, TOWN OR POST OFFICE

STATE

ZIP CODE

3 MESA, AZ 85201

FOR DOR USE ONLY

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- 4 Married filing joint return
- 5 X Head of household - name of qualifying child or dependent: ROLAND BARRELL
- 6 Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶
- 7 Single

88

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i
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s

- 8 01 Age 65 or over (you and/or spouse)
- 9 01 Enter the number claimed. Do not put a check mark.
- 10 01 Dependents. From page 2, line A2 - do not include self or spouse.
- 11 00 Qualifying parents and ancestors of your parents. From page 2, line A5.

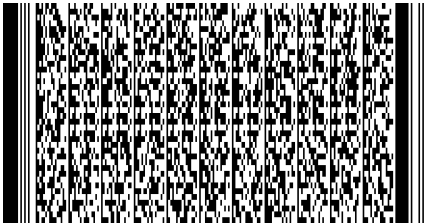
81

80

- 82 CHECK ONE if filing under an extension:
- 4 month extension 82D ☐
- 6 month extension 82F ☐

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THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



- 12 Federal adjusted gross income 12 17,000 00
- 13 Additions to income (from page 2, line B13) 13 00
- 14 Add lines 12 and 13 14 17,000 00
- 15 (This line not used.)
- 16 Subtractions. No. from line C27a: 16 1 8,400 00
- 17 Arizona AGI. Line 14 minus line 16 17 8,600 00
- 18 18 ☐ ITEMIZED 18S ☒ STANDARD 18 8,100 00
- 19 Personal exemptions 19 4,200 00
- 20 AZ taxable inc. Line 17 minus lines 18 & 19 20 00
- 21 Compute tax. Use line 20 & proper tax table 21 00
- 22 Tax from recapture of credits 22 00
- 23 Subtotal of tax. Add lines 21 and 22 23 00
- 24 - 25 Clean Elections Fund Tax Reduction.
- 24 1 ☐ YOURSELF 24 2 ☐ SPOUSE 25 00

- 26 Reduced tax. Subtract line 25 from line 23 26 00
- 27 Family income tax credit from worksheet on page 14 of instructions 27 00
- 28 Credits from Arizona Form 301, line 58, or Forms 310, 321, 322, and 323 if Form 301 is not required 28 00
- 29 Credit type. Enter form number of each credit claimed: 29 3 3 3 3 3
- 30 Clean Elections Fund Tax Credit. From worksheet on page 16 of the instructions 30 00
- 31 Balance of tax. Subtract lines 27, 28 and 30 from line 26. If the sum of lines 27, 28 and 30 is more than line 26, enter zero 31 0 00
- 32 Arizona income tax withheld during 2004 32 00
- 33 Arizona estimated tax payments for 2004 33 00
- 34 Amount paid with 2004 Arizona extension request (Form 204) 34 00
- 35 Increased Excise Tax Credit from worksheet on page 17 of the instructions 35 50 00
- 36 Property Tax Credit from Form 140PTC 36 00
- 37 Other refundable credits. Check box(es) & enter amount(s): 37A1 ☐ 329 37A2 ☐ 330 37 00
- 38 Total payments/refundable credits. Add lines 32 through 37. 38 50 00

- 39 TAX DUE. If line 31 is larger than line 38, subtract line 38 from line 31 and enter amount of tax due. Skip lines 40, 41 and 42 39 00
- 40 OVERPAYMENT. If line 38 is larger than line 31, subtract line 31 from line 38 and enter amount of overpayment. 40 50 00
- 41 Amount of line 40 to be applied to 2005 estimated tax 41 00
- 42 Balance of overpayment. Subtract line 41 from line 40 42 50 00
- 43 - 50
- | | | | | | | | | |
|---------------------------------------|----|----|---------------------------|----|-------|-----------------------------|----|----|
| Aid to Education (entire refund only) | 43 | 00 | Arizona Wildlife | 44 | 00 | Citizens Clean Elections | 45 | 00 |
| Child Abuse Prevention | 46 | 00 | Domestic Violence Shelter | 47 | 00 | Neighbors Helping Neighbors | 48 | 00 |
| Special Olympics | 49 | 00 | Political Gift | 50 | 10 00 | | | |

- 51 Check only one if making a political gift: 51 1 ☐ Democratic 51 2 ☐ Libertarian 51 3 ☒ Republican
- 52 Estimated payment penalty and MSA withdrawal penalty 52 00
- 53 Check applicable boxes: 53 1 ☐ Annualized/Other 53 2 ☐ Farmer or Fisherman 53 3 ☐ Form 221 attached 53 4 ☐ MSA Penalty
- 54 Total of lines 43, 44, 45, 46, 47, 48, 49, 50 and 52 54 10 00
- 55 REFUND. Subtract line 54 from line 42. If less than zero, enter amount owed on line 56 55 40 00
- Direct Deposit of Refund: See instructions.
- ROUTING NUMBER ACCOUNT NUMBER C ☐ Checking or S ☐ Savings
- 98
- 56 AMOUNT OWED. Add lines 39 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. 56 00

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2004

ROLAND BARRELL	400-55-7578	FOSTERCHILD	12

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below.

• • • • • TOTAL

A2

1

A3

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2004

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11.

• • • • • TOTAL

A5

0

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6		00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8		00
B9	Total federal depreciation	B9		00
B10	Medical savings account (MSA) distributions. See page 6 of the instructions	B10		00
B11	I.R.C. 179 expense in excess of allowable amount. See page 6 of the instructions	B11		00
B12	Other additions to income. See instructions and attach your own schedule	B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13	B13		00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14	2,100	00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15	1,500	00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16	2,300	00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17		00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C29 and enter the amount on line C18 on Form 140, Page 1, line 16	C18	5,900	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19		00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20	2,500	00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return	C22		00
C23	Recalculated Arizona depreciation	C23		00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See pages 9 and 10 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 10 of the instructions. Enter number: C27a <input type="text"/> , then amount.	C27		00
C28	Other subtractions from income. See instructions and attach your own schedule	C28		00
C29	Total: Add lines C18 through C28. Enter here and on page 1 of this form, line 16	C29	8,400	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D30

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

11-02-2004

DATE

SPOUSE'S SIGNATURE

DATE

PAID PREPARER'S SIGNATURE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).

If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138. (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code OUR SHARE BANK & TRUST 72 MARKET PLACE MESA AZ 85201		1 Gross distribution \$ 2,500		OMB No. 1545-0119 2004 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 2,500					
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number 52-7754541		RECIPIENT'S identificaton number 400-00-7506		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.
RECIPIENT'S name TEST P BARRELL Street address (including apt. no.) 25000 HAM AND BACON JUNCTION City, state, and ZIP code MESA AZ 85201		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$			
		7 Distribution Code 7		IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	This information is being furnished to the Internal Revenue Service.	
		9a Your percentage of total distribution %		9b Total employee contributions \$			
Account number (optional)		10 State tax withheld \$		11 State/Payer's state no. AZ		12 State distribution \$	
		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$	
						\$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code ARIZONA STATE RETIREMENT 1000 SAVINGS AVE MESA AZ 85201		1 Gross distribution \$ 4,500		OMB No. 1545-0119			
		2a Taxable amount \$ 4,500		2004			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number 52-9081726		RECIPIENT'S identificaton number 400-00-7506		3 Capital gain (included in box 2a) \$			
RECIPIENT'S name TEST P BARRELL Street address (including apt. no.) 25000 HAM AND BACON JUNCTION City, state, and ZIP code MESA AZ 85201		4 Federal income tax withheld \$ 200		Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.			
		5 Employee contributions or insurance premiums \$				6 Net unrealized appreciation in employer's securities \$	
		7 Distribution Code 7				8 Other \$ %	
Account number (optional)		9a Your percentage of total distribution %		9b Total employee contributions \$			
		10 State tax withheld \$		11 State/Payer's state no. AZ			
		12 State distribution \$		13 Local tax withheld \$			
		14 Name of locality		15 Local distribution \$			

Form **1099-R**

Department of the Treasury - Internal Revenue Service

1040A**U.S. Individual Income Tax Return**

(99)

2004

IRS Use Only - Do not write or staple in this space.

Label (See page 17.)	L A B E L	Your first name and initial TEST P	Last name BARRELL	OMB No. 1545-0085
		If a joint return, spouse's first name and initial	Last name	Your social security number 400-00-7506
		Home address (number and street). If you have a P.O. box, see page 18. 25000 HAM AND BACON JUNCTION		Apt. no.
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. MESA AZ 85201		Important! You must enter your SSN(s) above.

Presidential**Election Campaign**

(See page 18.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You**Spouse**☒ **Yes**☐ **No**☐ **Yes**☐ **No****Filing status****1**☐ **Single****4**☐ **Head of household** (with qualifying person). (See page 19.)
If the qualifying person is a child but not your dependent, enter this child's name here.**2**☐ **Married filing jointly** (even if only one had income)**3**☐ **Married filing separately.** Enter spouse's SSN above and

full name here. ►

5☒ **Qualifying widow(er) with dependent child** (see page 19)

Check only one box.

2003**Exemptions****6 a**☒ **Yourself**If someone can claim you as a dependent, **do not** check box 6a.**b**☐ **Spouse****c Dependents:**

If more than six dependents, see page 19.

(1) First name**Last name****(2) Dependent's social security number****(3) Dependent's relationship to you****(4) Check if qualifying child for child tax credit (see pg. 21)****Boxes checked on 6a and 6b****1****No. of children on 6c who:**☒ **lived with you****1**☐ **did not live with you due to divorce or separation (see page 20)****Dependents on 6c not entered above****Add numbers on lines above****2****d Total number of exemptions claimed.****Income****Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment.

7**Wages, salaries, tips, etc.** Attach Form(s) W-2.**7****8 a****Taxable interest.** Attach Schedule 1 if required.**8a****10,000****b****Tax-exempt interest.** **Do not** include on line 8a.**8b****9 a****Ordinary dividends.** Attach Schedule 1 if required.**9a****b****Qualified dividends** (see page 22).**9b****10****Capital gain distributions** (see page 23).**10****11 a****IRA distributions.****11a****11 b****Taxable amount** (see page 23).**11b****2,500****12 a****Pensions and annuities.****12a****12 b****Taxable amount** (see page 24).**12b****4,500****13****Unemployment compensation and Alaska Permanent Fund dividends.****13****14 a****Social security benefits.****14a****14 b****Taxable amount** (see page 25).**14b****15****Add lines 7 through 14b (far right column). This is your total income.****15****17,000****Adjusted gross income****16****Educator expenses** (see page 26).**16****17****IRA deduction** (see page 26).**17****18****Student loan interest deduction** (see page 29).**18****19****Tuition and fees deduction** (see page 29).**19****20****Add lines 16 through 19. These are your total adjustments.****20****21****Subtract line 20 from line 15. This is your adjusted gross income.****21****17,000**

Schedule 3

(Form 1040A)

Department of the Treasury-Internal Revenue Service

**Credit for the Elderly or the Disabled
for Form 1040A Filers**

(99)

2004

OMB No. 1545-0085

Name(s) shown on Form 1040A

Your social security number

TEST P BARRELL**400-00-7506**

You may be able to take this credit and reduce your tax if by the end of 2004:

- You were age 65 or older **or** ● You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

But you must also meet other tests. See the separate instructions for Schedule 3.

TIP: In most cases, the IRS can figure the credit for you. See the instructions.**Part I****Check the
box for your
filing status
and age**

If your filing status is:

And by the end of 2004:

Check only one box:

Single,
Head of household, or
Qualifying widow(er)**1** You were 65 or older **1** ☒**2** You were under 65 and you retired on permanent
and total disability **2** ☐**3** Both spouses were 65 or older **3** ☐**4** Both spouses were under 65, but only one spouse
retired on permanent and total disability **4** ☐**5** Both spouses were under 65, and both retired on
permanent and total disability **5** ☐Married filing
jointly**6** One spouse was 65 or older, and the other spouse
was under 65 and retired on permanent and total
disability **6** ☐**7** One spouse was 65 or older, and the other spouse
was under 65 and **not** retired on permanent and
total disability **7** ☐Married filing
separately**8** You were 65 or older and you lived apart from
your spouse for all of 2004 **8** ☐**9** You were under 65, you retired on permanent and
total disability, and you lived apart from your
spouse for all of 2004 **9** ☐**Did you check
box 1, 3, 7, or
8?****Yes**

Skip Part II and complete Part III on page 2.

No

Complete Parts II and III.

Part II**Statement of
permanent
and total
disability**Complete this part **only**
if you checked box 2, 4,
5, 6, or 9 above.**If:** **1** You filed a physician's statement for this disability for 1983 or an earlier year,
or you filed or got a statement for tax years after 1983 and your physician signed
line B on the statement, **and****2** Due to your continued disabled condition, you were unable to engage in any
substantial gainful activity in 2004, check this box ☐

- If you checked this box, you do not have to get another statement for 2004.
- If you **did not** check this box, have your physician complete the statement on
page 4 of the instructions. You **must** keep the statement for your records.

For Paperwork Reduction Act Notice, see Form 1040A instructions.

EEA

Schedule 3 (Form 1040A) 2004

Name(s) shown on page 1

Your social security number

TEST P BARRELL

400-00-7506

Part III**Figure your credit**

10	If you checked (in Part I):	Enter:		
	Box 1, 2, 4, or 7	\$5,000		
	Box 3, 5, or 6	\$7,500		
	Box 8 or 9	\$3,750	10	5,000

**Did you check
box 2, 4, 5, 6,
or 9 in Part I?**

Yes

You **must** complete line 11.

No



Enter the amount from line 10 on line 12 and go to line 13.

- 11 If you checked (in Part I):**
- Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.
 - Box 2, 4, or 9, enter your taxable disability income.
 - Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.

TIP For more details on what to include on line 11, see the instructions.

11

12	If you completed line 11, enter the smaller of line 10 or line 11; all others , enter the amount from line 10.	12	5,000
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13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2004.		
a	Nontaxable part of social security benefits and Nontaxable part of railroad retirement benefits treated as social security (see the instructions).	13a	100
b	Nontaxable veterans' pensions and Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see the instructions).	13b	
c	Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c.	13c	100

14	Enter the amount from Form 1040A, line 22.	14	17,000
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15	If you checked (in Part I):	Enter:		
	Box 1 or 2	\$7,500		
	Box 3, 4, 5, 6, or 7	\$10,000		
	Box 8 or 9	\$5,000	15	7,500

16	Subtract line 15 from line 14. If zero or less, enter -0-.	16	9,500
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17	Enter one-half of line 16.	17	4,750
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18	Add lines 13c and 17.	18	4,850
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19	Subtract line 18 from line 12. If zero or less, stop ; you cannot take the credit. Otherwise, go to line 20.	19	150
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20	Multiply line 19 by 15% (.15).	20	23
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21	Enter the amount from Form 1040A, line 28, minus any amount on Form 1040A, line 29.	21	0
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22	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21 here and on Form 1040A, line 30.	22	0
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Summary of Estimates

Form 1040-ES Department of the Treasury Internal Revenue Service 2004	Payment Schedule	TOTAL	April 15, 2005	June 15, 2005	Sept. 15, 2005	Jan. 18, 2006
	Amount of installment	125	125			
	Overpayment applied	125	125			
	Amount due					

Amount of payment \$ _____	P l o a s p e r i n t y p e	Your first name and initial	Your last name	Your social security number
		TEST P	BARRELL	400-00-7506
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.)		
		25000 HAM AND BACON JUNCTION		
		City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.)		
		MESA AZ 85201		

State Name: _____ _____	Payment Schedule	TOTAL	April 15, 2005	June 15, 2005	Sept. 15, 2005	Jan. 18, 2006
	Amount of installment					
	Overpayment applied					
	Amount due					

State Name: _____ _____	Payment Schedule	TOTAL	April 15, 2005	June 15, 2005	Sept. 15, 2005	Jan. 18, 2006
	Amount of installment					
	Overpayment applied					
	Amount due					